

<b>CLAIMS ONLY</b>				SERIAL NO. <i>09902138</i>	FILING DATE <i>07-10-01</i>											
				APPLICANT(S) <i>(Circular stamp)</i>												
<i>10-00-09</i> <b>CLAIMS</b>																
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	IND.	DEP.	#	IND.	DEP.	#	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.										
1	1					51										
2	1					52										
3	1					53										
4	1					54										
5	1					55										
6	1					56										
7	1					57										
8	1					58										
9	1					59										
10	1					60										
11	1					61										
12	1					62										
13	1					63										
14	1					64										
15	1					65										
16	1					66										
17	1					67										
18	1					68										
19	1					69										
20	1					70										
21	1					71										
22	1					72										
23	1					73										
24	1					74										
25	1					75										
26	1					76										
27	1					77										
28	1					78										
29	1					79										
30						80										
31						81										
32						82										
33						83										
34						84										
35						85										
36						86										
37						87										
38						88										
39						89										
40						90										
41						91										
42						92										
43						93										
44						94										
45						95										
46						96										
47						97										
48						98										
49						99										
50						100										
TOTAL IND.	1	8														
TOTAL DEP.	28															
TOTAL CLAIMS	29															

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

2

## CLAIMS ONLY

		Application Number 09/902,138	Filing Date
		Applicant(s)	

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101								
102			X					
103								
104			1					
105								
106								
107								
108								
109								
110								
111								
112								
113								
114								
115								
116								
117								
118								
119								
120								
121								
122								
123								
124								
125								
126								
127								
128								
129								
130								
131								
132								
133								
134								
135								
136								
137								
138								
139								
140								
141								
142								
143								
144								
145								
146								
147								
148								
149								
50								
Total Indep			20					
Total Depend			14					
Total Claims			36					